

Application Source:
File Group:
Record Name: DRP Premium History
Record Code: H18

File Type: Delimited
Reinsurance Year: 2027
Version: Draft
Release Date: 8/6/2026

Output	Field Number	Field Name	Data Type	Max Length	Format	Notes
*	1	Request Insurance Provider	Character	2		Requesting AIP code from PASS
*	2	Request Reinsurance Year	Numeric	4	CCYY	Requesting reinsurance year from PASS
*	3	Record Type Code	Character	6		Always "H18"
*	4	AIP History Request Key	Character	15		Match to the "H01" record
*	5	Request Policy Issuing Company Code	Character	3		Requesting PIC code from PASS
*	6	Request Location State Code	Character	2		Requesting state code from PASS
*	7	Request Policy Number	Character	7		Requesting policy number from PASS
*	8	Request Location County Code	Character	3		Requesting county code from PASS
*	9	Request Commodity Code	Character	4		Requesting commodity code from PASS
*	10	Reinsurance Year	Numeric	4	CCYY	Business Key
*	11	AIP Code	Character	2		Business Key
*	12	AIP Policy Producer Key	Character	15		Alternate Key beginning in 2011
*	13	AIP Insurance In Force Key	Character	15 20		Alternate Key beginning in 2011
*	14	AIP DRP Premium Key	Character	15		Alternate Key beginning in 2011
*	15	PIC Code	Character	3		Business Key
*	16	Location State Code	Character	2		Business Key
*	17	Policy Number	Character	7		Business Key
*	18	Location County Code	Character	3		Business Key
*	19	Commodity Year	Numeric	4	CCYY	Business Key
*	20	Commodity Code	Character	4		Business Key
*	21	Insurance Plan Code	Character	2		Business Key
*	22	Coverage Type Code	Character	1		Business Key
*	23	Type Code	Character	3		Business Key
*	24	Practice Code	Character	3		Business Key
*	25	Commodity Type Code	Character	3		

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*	26	Class Code	Character	3		
*	27	Sub Class Code	Character	3		
*	28	Intended Use Code	Character	3		
*	29	Irrigation Practice Code	Character	3		
*	30	Cropping Practice Code	Character	3		
*	31	Organic Practice Code	Character	3		
*	32	Interval Code	Character	3		
*	33	Sales Effective Date	Date	8	CCYYMMDD	
*	34	Insured Premium Signature Date	Date	8	CCYYMMDD	
*	35	Agent Premium Signature Date	Date	8	CCYYMMDD	
*	36	AIP Total Premium Amount	Numeric	10	9999999999	
*	37	AIP Liability Amount	Numeric	10	9999999999	
*	38	AIP Subsidy Amount	Numeric	10	9999999999	
*	39	Additional Subsidy Flag	Character	1		
*	40	State Private Subsidy Flag	Character	1		
*	41	Declared Share	Numeric	6	9.9999	
*	42	Coverage Level Percent	Numeric	6	9.9999	
*	43	Declared Covered Milk Production	Numeric	10	9999999999	
*	44	Protection Factor	Numeric	4	9.99	
*	45	Declared Class Price Weighting Factor	Numeric	4	9.99	
*	46	Declared Butterfat Test	Numeric	4	9.99	
*	47	Declared Protein Test	Numeric	4	9.99	
*	48	CC Subsidy Reduction Percent	Numeric	6	9.9999	
*	49	Subsidy Amount	Numeric	10	9999999999	

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*	50	Total Premium Amount	Numeric	10	9999999999	
*	51	Producer Premium Amount	Numeric	10	9999999999	
*	52	Additional Subsidy Amount	Numeric	10	9999999999	
*	53	State Private Subsidy Amount	Numeric	10	9999999999	
*	54	A&O Expense Subsidy Amount	Numeric	13	9999999999.99	
*	55	Expected Revenue Amount	Numeric	10	9999999999	
*	56	Expected Revenue Guarantee	Numeric	10	9999999999	
*	57	Liability Amount	Numeric	10	9999999999	
*	58	Preliminary Total Premium	Numeric	10	9999999999	
*	59	Dollar Amount of Insurance	Numeric	14	9999999999.9999	
*	60	BFR/VFR Subsidy Amount	Numeric	10	9999999999	
*	61	CC Subsidy Reduction Amount	Numeric	10	9999999999	
*	62	Declared Component Price Weighting Factor	Numeric	4	9.99	